



PROFILE INFORMATION-HOSPITAL CARE FOR THE INDIGENT

State Form 42834 (R3 / 1-96) / OFE 0133A

____ _ Last Name		Applicant is financially eligible for the following month(s):
____ _ First Name		
HCI ____ _	Case Number	Applicant is financially ineligible for the following month(s):
Mo. ____ Day ____ Year ____	Date County Office Took Action	
____ _ Social Security Number		Reason:
Mo. ____ Day ____ Year ____	Date of Birth	
Mo. ____ Day ____ Year ____	Date Application Received By County Office	
____ _	Date FSSA Took Action	
(FSSA Use Only)		
Signature of County Director or Authorized Designee		Date
		Supporting regulation:

CIRCLE NUMBER NEXT TO APPROPRIATE RESPONSE

A. Application for HCI approved?		H. Is patient or parent / spouse of patient employed?	
1 ____ _	Yes	1 ____ _	Yes
2 ____ _	No	2 ____ _	No
____ _ B. Denial code		3 ____ _	Unknown
C. Is patient an Indiana resident?		I. Household size	
1 ____ _	Yes	1 ____ _	One
2 ____ _	No	2 ____ _	Two
3 ____ _	Unknown	3 ____ _	Three
D. Is patient SSI recipient?		4 ____ _	Four
1 ____ _	Yes	5 ____ _	Five
2 ____ _	No	6 ____ _	Six or more
3 ____ _	Unknown	7 ____ _	Unknown
E. Race		J. Total countable net income used in establishing patient's eligibility	
1 ____ _	White	\$ ____ _	Actual net income (to the nearest dollar)
2 ____ _	Black	X ____ _	Unknown
3 ____ _	Hispanic	K. Reason for care	
4 ____ _	American Indian	1 ____ _	Pregnancy related
5 ____ _	Asian	2 ____ _	Illness (physical illness only)
6 ____ _	Multiracial	3 ____ _	Accident
7 ____ _	Other	4 ____ _	Other (specify)
8 ____ _	Unknown	____ _	
F. Sex		5 ____ _	Unknown
1 ____ _	Male	L. Health insurance	
2 ____ _	Female	1 ____ _	Yes
3 ____ _	Unknown	2 ____ _	No
G. Household status		3 ____ _	Unknown
1 ____ _	Single adult	M. Primary diagnosis	
2 ____ _	Single adult with children	____ _	
3 ____ _	Married adult without dependent child under 18	____ _	
4 ____ _	Married adult with dependent child under 18	____ _	
5 ____ _	Married adult with youngest child between 18-21	____ _	
6 ____ _	Dependent child under 18 years old	N. ICD-9-CM Code (number)	
7 ____ _	Dependent child 18-21 years old	____ _ (FSSA use only)	
8 ____ _	Unknown	____ _	